

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☒

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: credit card

FOR OFFICE USE ONLY

Cjm

Amendment

Amended to include Sof F

RECEIVED JUL 26 2013

II Client Information

Name: Conference of Mayors & Municipal Officials

Permanent Business Address: 119 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Business Phone: 518 463-1185

Fax Number: 518 463-1190

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: Conference of Mayors & Municipal Officials

Phone Number: 518-463-1185

Address: 119 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Compensation for current period: \$ 115912 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 115912 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 297	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 35502	.00
C Itemize each expense exceeding \$75:		
PAID TO: _____	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: _____	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO: _____	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: _____	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$ 91262	.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: City of Geneva
or
Single Source Person's Last Name: _____ First Name: _____

Address: 47 Castle Street
City: Geneva State: NY ZIP code: 14456

Phone: 315 789 2603

Date Contribution Received: 01 / 11 / 2013	Amount of Contribution: \$ 950	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name: City of Cohoes
or
Single Source Person's Last Name: _____ First Name: _____

Address: City Hall, 97 Mohawk Street
City: Cohoes State: NY ZIP code: 12047

Phone: 518 233 2121

Date Contribution Received: 1 / 11 / 2013	Amount of Contribution: \$ 999	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Village of Ossining

or
Single Source Person's Last Name:

First Name:

Address: Municipal Building 16 Croatan Avenue

City: Ossining

State: NY

ZIP code: 10562

Phone: 914 941 3554

Date Contribution Received:	1	/	11	/	2013	Amount of Contribution:	\$ 1148	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions:



Contributions from Single Source # 4

Single Source Entity's Name: City of Binghamton

or
Single Source Person's Last Name:

First Name:

Address: 38 Hawley Street

City: Binghamton

State: NY

ZIP code: 13901

Phone: 607 772 7000

Date Contribution Received:	1	/	11	/	2013	Amount of Contribution:	\$ 1522	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions:



Contributions from Single Source # 5

Single Source Entity's Name: City of Niagara Falls

or
Single Source Person's Last Name:

First Name:

Address: 745 Main Street PO Box 69

City: Niagara Falls

State: NY

ZIP code: 14302

Phone: 716 286 4300

Date Contribution Received:	1	/	11	/	2013	Amount of Contribution:	\$ 1569	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions:



Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 3 6

Single Source Entity's Name: City of New Rochelle

or
Single Source Person's Last Name:

First Name:

Address: 515 North Avenue

City: New Rochelle

State: NY

ZIP code: 10801

Phone: 914 654 2000

Date Contribution Received:	1	/	11	/	2013	Amount of Contribution:	\$ 2019	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 7

Single Source Entity's Name: City of Rye

or
Single Source Person's Last Name:

First Name:

Address: 1051 Boston Post Road

City: Rye

State: NY

ZIP code: 10580

Phone: 914 967 7371

Date Contribution Received:	1	/	18	/	2013	Amount of Contribution:	\$ 991	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 8

Single Source Entity's Name: City of Cortland

or
Single Source Person's Last Name:

First Name:

Address: 25 Court Street

City: Cortland

State: NY

ZIP code: 13045

Phone: 607 753 0872

Date Contribution Received:	1	/	18	/	2013	Amount of Contribution:	\$ 1050	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 9

Single Source Entity's Name: City of Saratoga Springs

or
Single Source Person's Last Name:

First Name:

Address: 474 Broadway

City: Saratoga Springs

State: NY

ZIP code: 12866

Phone: 518 587 3550

Date Contribution Received:	1	/	18	/	2013	Amount of Contribution:	\$ 1173	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:



Contributions from Single Source # 10

Single Source Entity's Name: City of Glen Cove

or
Single Source Person's Last Name:

First Name:

Address: 9 Glen Street

City: Glen Cove

State: NY

ZIP code: 11542

Phone: 516 676 2004

Date Contribution Received:	1	/	18	/	2013	Amount of Contribution:	\$ 1180	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:



Contributions from Single Source # 11

Single Source Entity's Name: City of Jamestown

or
Single Source Person's Last Name:

First Name:

Address: 200 East 3rd Street

City: Jamestown

State: NY

ZIP code: 14701

Phone: 716 483 7600

Date Contribution Received:	1	/	18	/	2013	Amount of Contribution:	\$ 1250	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:



Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: City of Oneonta

or
Single Source Person's Last Name: First Name:

Address: 258 Main Street

City: Oneonta

State: NY

ZIP code: 13820

Phone: 607 432 6450

Date Contribution Received:	1	/	25	/	2013	Amount of Contribution:	\$961	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 13

Single Source Entity's Name: City of Middletown

or
Single Source Person's Last Name: First Name:

Address: 16 James Street

City: Middletown

State: NY

ZIP code: 10940

Phone: 845 346 4101

Date Contribution Received:	1	/	25	/	2013	Amount of Contribution:	\$1198	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 14

Single Source Entity's Name: City of North Tonawanda

or
Single Source Person's Last Name: First Name:

Address: 216 Payne Avenue

City: North Tonawanda

State: NY

ZIP code: 14120

Phone: 716 695 8555

Date Contribution Received:	1	/	25	/	2013	Amount of Contribution:	\$1257	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 15

Single Source Entity's Name: City of Fulton

or
Single Source Person's Last Name: First Name:

Address: 141 So. First Street

City: Fulton

State: NY

ZIP code: 13069

Phone: 315 592 7330

Date Contribution Received:	2	/	01	/	2013	Amount of Contribution:	\$922	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 16

Single Source Entity's Name: City of Beacon

or
Single Source Person's Last Name: First Name:

Address: 1 Municipal Plaza Suite 1

City: Beacon

State: NY

ZIP code: 12508

Phone: 845 838 5000

Date Contribution Received:	2	/	1	/	2013	Amount of Contribution:	\$988	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 17

Single Source Entity's Name: City of Oswego

or
Single Source Person's Last Name: First Name:

Address: 13 West Oneida Street

City: Oswego

State: NY

ZIP code: 13126

Phone: 315 342 8140

Date Contribution Received:	2	/	1	/	2013	Amount of Contribution:	\$1032	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 18

Single Source Entity's Name: City of Plattsburgh

or
Single Source Person's Last Name:

First Name:

Address: 41 City Hall Place

City: Plattsburgh

State: NY

ZIP code: 12901

Phone: 518 563 7701

Date Contribution Received:	2 / 01 / 2013	Amount of Contribution:	\$ 1063 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 19

Single Source Entity's Name: City of Troy

or
Single Source Person's Last Name:

First Name:

Address: 1776 6th Avenue

City: Troy

State: NY

ZIP code: 12180

Phone: 518 270 4495

Date Contribution Received:	2 / 1 / 2013	Amount of Contribution:	\$ 1568 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 20

Single Source Entity's Name: City of Mount Vernon

or
Single Source Person's Last Name:

First Name:

Address: 1 Roosevelt Square

City: Mount Vernon

State: NY

ZIP code: 10550

Phone: 914 665 2200

Date Contribution Received:	2 / 8 / 2013	Amount of Contribution:	\$ 1855 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 21

Single Source Entity's Name: City of Albany

or
Single Source Person's Last Name:

First Name:

Address: 24 Eagle Street

City: Albany

State: NY

ZIP code: 12207

Phone: 518 434 5100

Date Contribution Received:	2	/	15	/	2013	Amount of Contribution:	\$ 2367	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 22

Single Source Entity's Name: City of Ithaca

or
Single Source Person's Last Name:

First Name:

Address: 108 East Green Street

City: Ithaca

State: NY

ZIP code: 14850

Phone: 607 274 6570

Date Contribution Received:	2	/	22	/	2013	Amount of Contribution:	\$ 1231	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 23

Single Source Entity's Name: Village of Westbury

or
Single Source Person's Last Name:

First Name:

Address: 235 Lincoln Place

City: Westbury

State: NY

ZIP code: 11590

Phone: 516 334 1700

Date Contribution Received:	3	/	1	/	2013	Amount of Contribution:	\$ 982	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 24

Single Source Entity's Name: Village of Depew

or
Single Source Person's Last Name: First Name:

Address: 85 Manitou Street

City: Depew

State: NY

ZIP code: 14043

Phone: 716 683 1400

Date Contribution Received: 3 / 1 / 2013 Amount of Contribution: \$984 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 25

Single Source Entity's Name: Village of Massapequa Park

or
Single Source Person's Last Name: First Name:

Address: 151 Front Street

City: Massapequa Park

State: NY

ZIP code: 11762

Phone: 516 798 0244

Date Contribution Received: 3 / 1 / 2013 Amount of Contribution: \$1013 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 26

Single Source Entity's Name: Village of Scarsdale

or
Single Source Person's Last Name: First Name:

Address: 1001 Post Road

City: Scarsdale

State: NY

ZIP code: 10583

Phone: 914 722 1100

Date Contribution Received: 3 / 1 / 2013 Amount of Contribution: \$1016 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 27

Single Source Entity's Name: City of Lockport

or
Single Source Person's Last Name:

First Name:

Address: 1 Locks Plaza

City: Lockport

State: NY

ZIP code: 14094

Phone: 716 439 6665

Date Contribution Received:	3	/	1	/	2013	Amount of Contribution:	\$ 1083	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 28

Single Source Entity's Name: Village of Port Chester

or
Single Source Person's Last Name:

First Name:

Address: 222 Grace Church Street

City: Port Chester

State: NY

ZIP code: 10573

Phone: 914 939 5200

Date Contribution Received:	3	/	1	/	2013	Amount of Contribution:	\$ 1213	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 29

Single Source Entity's Name: Village of Babylon

or
Single Source Person's Last Name:

First Name:

Address: 153 West Main Street

City: Babylon

State: NY

ZIP code: 11702

Phone: 631 669 1212

Date Contribution Received:	3	/	8	/	2013	Amount of Contribution:	\$ 932	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #30

Single Source Entity's Name: Village of Haverstraw

or
Single Source Person's Last Name:

First Name:

Address: 40 New Main Street

City: Haverstraw

State: NY

ZIP code: 10927

Phone: 845 429 0300

Date Contribution Received:	3	/	15	/	2013	Amount of Contribution:	\$ 923	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 31

Single Source Entity's Name: Village of Lynbrook

or
Single Source Person's Last Name:

First Name:

Address: 1 Columbus Drive

City: Lynbrook

State: NY

ZIP code: 11563

Phone: 516 599 8300

Date Contribution Received:	3	/	15	/	2013	Amount of Contribution:	\$ 1053	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 32

Single Source Entity's Name: Village of Garden City

or
Single Source Person's Last Name:

First Name:

Address: 351 Stewart Avenue

City: Garden City

State: NY

ZIP code: 11530

Phone: 516 465 4000

Date Contribution Received:	3	/	15	/	2013	Amount of Contribution:	\$ 1103	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #33

Single Source Entity's Name: City of Kingston

or
Single Source Person's Last Name: First Name:

Address: 420 Broadway

City: Kingston

State: NY

ZIP code: 12401

Phone: 845 331 0080

Date Contribution Received:	3	/	22	/	2013	Amount of Contribution:	\$ 1128	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 34

Single Source Entity's Name: Village of Lindenhurst

or
Single Source Person's Last Name: First Name:

Address: 430 South Wellwood Ave

City: Lindenhurst

State: NY

ZIP code: 11757

Phone: 631 957 7500

Date Contribution Received:	3	/	22	/	2013	Amount of Contribution:	\$ 1185	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 35

Single Source Entity's Name: City of Rochester

or
Single Source Person's Last Name: First Name:

Address: 30 Church Street

City: Rochester

State: NY

ZIP code: 14614

Phone: 585 428 7045

Date Contribution Received:	3	/	22	/	2013	Amount of Contribution:	\$ 3444	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #36

Single Source Entity's Name: City of Syracuse

or
Single Source Person's Last Name: First Name:

Address: 233 East Washington St

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315 448 8005

Date Contribution Received: 4 / 5 / 2013 Amount of Contribution: \$2858 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 37

Single Source Entity's Name: City of Batavia

or
Single Source Person's Last Name: First Name:

Address: 1 Batavia City Centre

City: Batavia

State: NY

ZIP code: 14020

Phone: 585 345 6300

Date Contribution Received: 4 / 10 / 2013 Amount of Contribution: \$ 987 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 38

Single Source Entity's Name: City of Auburn

or
Single Source Person's Last Name: First Name:

Address: 24 South Street

City: Auburn

State: NY

ZIP code: 13021

Phone: 315 255 4146

Date Contribution Received: 4 / 19 / 2013 Amount of Contribution: \$1192 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #39

Single Source Entity's Name: Village of Mastic Beach

or
Single Source Person's Last Name: First Name:

Address: 427 Neighborhood Road

City: Mastic Beach

State: NY

ZIP code: 11951

Phone: 631 281 2326

Date Contribution Received:	5	/	24	/	2013	Amount of Contribution:	\$ 945	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 40

Single Source Entity's Name: Village of Endicott

or
Single Source Person's Last Name: First Name:

Address: 1009 East Main Street

City: Endicott

State: NY

ZIP code: 13760

Phone: 607 757 2420

Date Contribution Received:	5	/	24	/	2013	Amount of Contribution:	\$ 952	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 41

Single Source Entity's Name: City of Peekskill

or
Single Source Person's Last Name: First Name:

Address: 840 Main Street

City: Peekskill

State: NY

ZIP code: 10566

Phone: 914 737 3400

Date Contribution Received:	5	/	24	/	2013	Amount of Contribution:	\$ 1123	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 42

Single Source Entity's Name: City of Olean

or
Single Source Person's Last Name:

First Name:

Address: Olean Municipal Building

City: Olean

State: NY

ZIP code: 14760

Phone: 716 376 5615

Date Contribution Received:	6	/	7	/	2013	Amount of Contribution:	\$970	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 43

Single Source Entity's Name: Village of Mineola

or
Single Source Person's Last Name:

First Name:

Address: 155 Washington Avenue

City: Mineola

State: NY

ZIP code: 11501

Phone: 516 746 0750

Date Contribution Received:	6	/	7	/	2013	Amount of Contribution:	\$1043	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 44

Single Source Entity's Name: Village of Rockville Centre

or
Single Source Person's Last Name:

First Name:

Address: 1 College Place

City: Rockville Centre

State: NY

ZIP code: 11571

Phone: 516 678 9300

Date Contribution Received:	6	/	7	/	2013	Amount of Contribution:	\$1130	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 345

Single Source Entity's Name: Village of Kenmore

or
Single Source Person's Last Name:

First Name:

Address: 2919 Delaware Avenue

City: Kenmore

State: NY

ZIP code: 14217

Phone: 716 873 5700

Date Contribution Received:	6	/	14	/	2013	Amount of Contribution:	\$ 986	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 46

Single Source Entity's Name: Village of Kiryas Joel

or
Single Source Person's Last Name:

First Name:

Address: PO Box 566

City: Monroe

State: NY

ZIP code: 10949

Phone: 845 783 8300

Date Contribution Received:	6	/	14	/	2013	Amount of Contribution:	\$ 1066	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 47

Single Source Entity's Name: Village of Hempstead

or
Single Source Person's Last Name:

First Name:

Address: 99 Nichols Court

City: Hempstead

State: NY

ZIP code: 11551

Phone: 516 489 3400

Date Contribution Received:	6	/	14	/	2013	Amount of Contribution:	\$ 1631	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 48

Single Source Entity's Name: Village of Mamaroneck

or
Single Source Person's Last Name:

First Name:

Address: 123 Mamaroneck Avenue

City: Mamaroneck

State: NY

ZIP code: 10543

Phone: 914 777 7703

Date Contribution Received:	6	/	18	/	2013	Amount of Contribution:	\$ 1045	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 49

Single Source Entity's Name: Village of Floral Park

or
Single Source Person's Last Name:

First Name:

Address: 1 Floral Boulevard

City: Floral Park

State: NY

ZIP code: 11002

Phone: 516 326 6300

Date Contribution Received:	6	/	21	/	2013	Amount of Contribution:	\$ 994	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 50

Single Source Entity's Name: Village of Patchogue

or
Single Source Person's Last Name:

First Name:

Address: 14 Baker Street

City: Patchogue

State: NY

ZIP code: 11772

Phone: 631 475 4300

Date Contribution Received:	6	/	28	/	2013	Amount of Contribution:	\$ 916	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 251

Single Source Entity's Name: Village of Johnson City

or
Single Source Person's Last Name:

First Name:

Address: 243 Main Street

City: Johnson City

State: NY

ZIP code: 13790

Phone: 607 798 7861

Date Contribution Received:	6	/	28	/	2013	Amount of Contribution:	\$ 982	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 52

Single Source Entity's Name: Village of Freeport

or
Single Source Person's Last Name:

First Name:

Address: 46 North Ocean Ave

City: Freeport

State: NY

ZIP code: 11520

Phone: 516 377 2300

Date Contribution Received:	6	/	28	/	2013	Amount of Contribution:	\$ 1446	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 53

Single Source Entity's Name: City of New York

or
Single Source Person's Last Name:

First Name:

Address: City Hall

City: New York

State: NY

ZIP code: 10007

Phone: 212 788 3000

Date Contribution Received:	4	/	10	/	2013	Amount of Contribution:	\$ 10848	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 54

Single Source Entity's Name: City of Buffalo

or
Single Source Person's Last Name:

First Name:

Address: 65 Niagara Square

City: Buffalo

State: NY

ZIP code: 14202

Phone: 716 851 4200

Date Contribution Received:	2	/	15	/	2013	Amount of Contribution:	\$3606	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 55

Single Source Entity's Name: Roemer Wallens Gold & Mineaux

or
Single Source Person's Last Name:

First Name:

Address: 13 Columbia Circle

City: Albany

State: NY

ZIP code: 12203

Phone: 518 464 1300

Date Contribution Received:	2	/	1	/	2013	Amount of Contribution:	\$900	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 56

Single Source Entity's Name: New York Municipal Insurance Reciprocal

or
Single Source Person's Last Name:

First Name:

Address: 119 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Phone: 518 465 7552

Date Contribution Received:	1	/	11	/	2013	Amount of Contribution:	\$1810	.00
Date Contribution Received:	4	/	10	/	2013	Amount of Contribution:	\$8161	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #357

Single Source Entity's Name: Barton & Loguidice

or
Single Source Person's Last Name:

First Name:

Address: 290 Elwood Davis Road

City: Syracuse

State: NY

ZIP code: 13220

Phone: 315 457 5200

Date Contribution Received:	4	/	5	/	2013	Amount of Contribution:	\$ 900	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

VI Subjects lobbied:

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:  **DATE:** 7/25/2013

PRINT NAME: LAST Walker

FIRST Deanna

TITLE: Director of Administration and Finance

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.